## Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 1 of 7

Debtor 1	William J Leighton				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY	6		
Case number	19-25452				

 Check if this is an amended filing

#### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that they are true and correct.	e read the summary and schedules filed with this declaration and
X /s/ William J Leighton William J Leighton Signature of Debtor 1	Signature of Debtor 2
Date January 26, 2022	Date

# Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 2 of 7

	I in this information to identify your c								
De	btor 1 William J Le	eighton			_				
1000	btor 2 cuse, if filing)								
Un	ited States Bankruptcy Court for the	DISTRICT OF NEW	JERSEY						
Ca	se number 19-25452				С	neck if this is:			
(H.k	noan)					An amende	d filing		
								g postpetition d bllowing date:	napter
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
atta	buse. If you are separated and you ich a separate sheet to this form.  THE Describe Employment  Fill in your employment	On the top of any additi	onal pages, write yo	ur name	and case	number (if I	known). A	nswer every q	uestion.
	information.		Debtor 1			55-900 (5300) 990	A ANNUAL STREET	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed  □ Not employed			☐ Emplo			
		Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name	D'Andrea Concr	ete Co.	, Inc.	SS			
	Occupation may include student	Employer's address							
	or homemaker, if it applies.		Bensalem, PA 1	9020					
		How long employed t	here? 1 year						
Pa	rt 2: Give Details About Mor		here? 1 year						
Esti	imate monthly income as of the di use unless you are separated.	athly Income ate you file this form, If	you have nothing to re						
E <b>st</b> i spo f yo	mate monthly income as of the d	ate you file this form, If one than one employer, co	you have nothing to re						
E <b>st</b> i spo f yo	imate monthly income as of the da use unless you are separated, ou or your non-filing spouse have mo	ate you file this form, If one than one employer, co	you have nothing to re		mployers		n on the lir		
E <b>st</b> i spo f yo	imate monthly income as of the da use unless you are separated, ou or your non-filing spouse have mo	athly Income ate you file this form. If one than one employer, co this form.	you have nothing to re ombine the information		mployers	for that perso	n on the lir	nes below. If yo	
Esti spo f yo	imate monthly income as of the di use unless you are separated.  But or your non-filing spouse have mo e space, attach a separate sheet to	athly Income ate you file this form, If are than one employer, co this form.  ry, and commissions (be calculate what the monthle	you have nothing to re ombine the information	n for all e	For	for that perso	on the lir For Det non-filis	nes below. If yo otor 2 or ng spouse	

# Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 3 of 7

					For D	Debtor 1		10.000	Debtor r-filing s	10033315	
	Cop	y line 4 here	4.		\$	8,217.73		\$	000000000	N/A	V
5.23	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	En		\$	0.504.40		\$		417	33
	5b.	Mandatory contributions for retirement plans	5a. 5b.		\$	2,504.10		\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00		\$		N/A	316
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	-	\$		N/A	
	5e.	Insurance	5e.		\$	0.00	-	\$		N/A	Name of the Contract of the Co
	5f.	Domestic support obligations	5f.		\$	0.00		\$		N/A	
	5g.	Union dues	5g.		\$	0.00		\$		N/A	
	5h.	Other deductions. Specify:	5h.		\$	848.38 0.00	- 4	- 77		N/A	and the same of th
		10.000000000000000000000000000000000000			· -		-			N/A	
.55		the payroll deductions, Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	3,352.48		\$		N/A	V.
6)	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,865.25		\$		N/A	V
	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00		s		NU	es:
	8b.	Interest and dividends	8b.		S	0.00		S		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			s	0.00		s		N/A	-
	8d.	Unemployment compensation	8d.		S	0.00		\$		N/A	
	8e.	Social Security	8e.		S	0.00		S		N/A	the state of the s
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00		\$		N/A	E.
	8g.	Pension or retirement income	89.		\$	0.00		\$		N/A	
	8h.	Other monthly income. Specify:	8h.	+	\$	0.00	+	\$		N/A	V.
	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	Б	0.00		\$_		N	A
O.	Colo	ulate monthly income. Add line 7 + line 9.	10. 8	\$	Yes	865.25 + S				= \$	
93		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	1000	ф	4,	865.25 + \$			N/A	- P	4,865.2
1.	State Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  of include any amounts already included in lines 2-10 or amounts that are not a	depe		ortooesana. Orto	er m ti bersen transiti M	nir Tir		Schodule 11.		0.0
2.		the amount in the last column of line 10 to the amount in line 11. The resing that amount on the Summary of Schedules and Statistical Summary of Certaines.							12.	\$	4,865.2
3.	Do y	ou expect an increase or decrease within the year after you file this form	?						,	Comb	ined ly income
		No.									

# Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 4 of 7

Fill i	n this information to Identify your case:	10 de 10 de			
Debt	or 1 William J Leighton	0.	Chi	eck if this is:	
			100	An amended filing	
Debt				A supplement show	wing postpetition chapter
(Spa	use, if filing)	-		13 expenses as of	the following date:
Unite	d States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			MM / DD / YYYY	
Case (If kn	number 19-25452 own)				
Of	ficial Form 106J				
Sc	hedule J: Your Expenses				12/1
info	s complete and accurate as possible. If two married people are mation. If more space is needed, attach another sheet to this fo ber (if known). Answer every question.	filing together, both a rm. On the top of any	re eq addit	ually responsible fo lonal pages, write y	or supplying correct your name and case
Part 1.	Describe Your Household Is this a joint case?				
	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?				
	□ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	or Separate Household	of De	btor 2.	
2.	Do you have dependents? No				
	Do not list Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationsh Debtor 1 or Debtor 2	ip to	Dependent's age	Does dependent live with you?
	Do not state the			old No.	□ No
	dependents names,				☐ Yes
					□ No
					☐ Yes
					□ No
					□ Yes
					□ No
3.	Do your expenses include				☐ Yes
	expenses of people other than yourself and your dependents?				
Part	Estimate Your Ongoing Monthly Expenses				
Estir	nate your expenses as of your bankruptcy filing date unless you nses as of a date after the bankruptcy is filed. If this is a supple cable date.	are using this form a mental <i>Schedule J</i> , cl	as a s neck t	upplement in a Cha the box at the top o	pter 13 case to report f the form and fill in the
the v	de expenses paid for with non-cash government assistance if y alue of such assistance and have included it on Schedule I: You cial Form 106I.)	rou know ur Income		Your expe	aneae
COM	omerwine twig		term	Tour exp	
4.	The rental or home ownership expenses for your residence. Inc payments and any rent for the ground or lot.	lude first mortgage	4.	\$	1,759.31
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.		0.00
	4c. Home maintenance, repair, and upkeep expenses			\$	70.00
	<ol> <li>Homeowner's association or condominium dues</li> </ol>		4d.	\$	125.00
5.	Additional mortgage payments for your residence, such as home	e equity loans	5.	\$	0.00

# Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 5 of 7

btor 1 Willia	m J Leighton	Case num	ber (if known)	19-25452
Utilities:				
6a. Electri	city, heat, natural gas	6a.	\$	350.00
<ol><li>6b. Water,</li></ol>	sewer, garbage collection	6b.	\$	39.00
6c. Teleph	one, cell phone, Internet, satellite, and cable services	6c.	\$	375.00
6d. Other.	Specify:	6d.	\$	0.00
Food and he	usekeeping supplies	7.	\$	400.00
Childcare ar	d children's education costs	8.	\$	0.00
Clothing, la	andry, and dry cleaning	9.	\$	40.00
CONTRACTOR STATES OF THE PARTY	e products and services	10.	\$	45.00
	dental expenses	11.	980	100.00
	on, Include gas, maintenance, bus or train fare.	1.10		100.00
	e car payments.	12.	\$	325.00
	nt, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	ontributions and religious donations	14.		0.00
Insurance.	¥			0.00
Do not includ	e insurance deducted from your pay or included in lines 4 or 20.			
15a. Life in:		15a.	S	150.00
15b. Health	insurance	15b.	S	0.00
15c. Vehicle	insurance	15c.		350.00
15d. Other	nsurance, Specify:	15d.	*	0.00
	t include taxes deducted from your pay or included in lines 4 or 20.			3.00
Specify:	and the state of t	16.	\$	0.00
	or lease payments:		SEN 2	0.00
	yments for Vehicle 1	17a.	\$	499.00
	yments for Vehicle 2	17b.	S	0.00
17c. Other.	A DAME AND A PROPERTY OF THE P	17c.	(XX))	0.00
17d. Other.		17d.	\$355	0.00
	nts of alimony, maintenance, and support that you did not report a		•	0.00
	m your pay on line 5, Schedule I, Your Income (Official Form 106)		\$	0.00
	nts you make to support others who do not live with you.	,	\$	0.00
Specify:	20.000 \$1.5.1000 \$1.000	19.	NO	0.00
Other real p	operty expenses not included in lines 4 or 5 of this form or on Sc.		ur Income.	
	ges on other property	20a.		0.00
20b. Real e	state taxes	20Ь.	\$	0.00
20c. Proper	y, homeowner's, or renter's insurance	20c.		0.00
	nance, repair, and upkeep expenses	20d.		0.00
	wner's association or condominium dues	20e.		0.00
Other: Speci		21.		
other, open	1)	21.	.0	0.00
. Calculate yo	ur monthly expenses			
	s 4 through 21.		\$	4.727.31
22b. Copy lin	e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	S	7
	22a and 22b. The result is your monthly expenses.		S	4,727.31
	ACTION RECOGNISTS AND ALL ALL CONTROL OF THE PROPERTY OF THE PROPERTY AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION AC		<u> </u>	4,121.31
. Calculate yo	ur monthly net income.			
23a. Copy li	ne 12 (your combined monthly income) from Schedule I.	23a.		4,865.25
23b. Copy y	our monthly expenses from line 22c above.	23b.	-\$	4,727.31
				964556/7.6
	at your monthly expenses from your monthly income.	1956	•	
The re	sult is your monthly net income.	23c.	ф	137.94
	r en erske en en en 1901 fan 1904 ûnt sin en 1904. Dijkering in 1904 fan i sjog in dijkste fan sjog in 1907 oan distrikke in 1904 af de en 1905 en east in disker			
Do you expe	ct an increase or decrease in your expenses within the year after	you file this	form?	
modification to	o you expect to finish paying for your car loan within the year or do you expect you the terms of your mortgage?	our mongage p	ayment to incre	ase or decrease because
No.	and the state of t			

## Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 6 of 7

Debtor 1	William J Leighton				
	First Name	Middle Name	Last Name		
Debtor 2					
(Secuse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number	19-25452				

Summary of Your Assets and Liabilities and Certain Statistical Information

 Check if this is an amended filing

#### Official Form 106Sum

Par	Summarize Your Assets		
		290% oT0575500	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	190,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	32,285.55
	1c. Copy line 63, Total of all property on Schedule A/B	\$	222,285.55
ar	2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	248,311.22
lsi.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	25,108.31
	Your total liabilities	s	273,419.53

#### Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

## Case 19-25452-JNP Doc 77 Filed 01/26/22 Entered 01/26/22 08:14:00 Desc Main Document Page 7 of 7

Debtor 1 William J Leighton

Case number (if known) 19-25452

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,406.40

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00